F	ill in this inform	ation to ide	ntify your case:					
	Debtor 1	Subetrice First Name	Ternice Middle Name	Samuel Last Name			Che	eck if this is:
1	Debtor 2						— M	An amended filing
	(Spouse, if filing)	First Name	Middle Name	Last Name				A supplement showing postpetition
	United States Bankru Case number	uptcy Court for 1:20-bk-026		T. OF PENNSYL	VAN	IA	⁻	chapter 13 income as of the following date:
1	(if known)	1.20-DK-020	70		_			MM / DD / YYYY
<u>O</u> 1	fficial Form 10	<u>61</u>						
So	chedule I: You	ur Income						12/15
res inc abo you	sponsible for supply lude information ab out your spouse. If ur name and case n	ing correct inf out your spou more space is	ormation. If you are se. If you are separ needed, attach a se n). Answer every q	e married and not ated and your spo parate sheet to th	filing ouse	jointly is not f	, and your filing with y	d Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write
1.	Fill in your employ information.	yment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more the job, attach a separa	_	nployment status	Employed				☐ Employed
	with information ab	out	proyom canac	☐ Not employ	ed			☐ Not employed
	additional employe	rs.	ccupation	Mail Clerk				
	Include part-time, s or self-employed w		mployer's name	UNITED STAT	ES F	OSTA	L SERVIC	E
	Occupation may in		nployer's address	MANAGER/PA	YRC	LL PF	ROCESSIN	
	student or homema applies.	aker, it it		Number Street 2825 LONE O	AK P	ΔΡΚΝ	ΙΔΥ	Number Street
				2020 LONE 07	1111	Z-1111V	<u> </u>	-
				EAGAN		MN	55121-96	 35
				City		State	Zip Code	City State Zip Code
		Н	ow long employed th	nere? <u>2007</u>			_	
P	art 2: Give D	etails Abou	t Monthly Incom	e				
Est		me as of the d	ate you file this forn		ing to	o report	for any line	e, write \$0 in the space. Include your
	· .			er, combine the inf	orma	tion for	all employe	rs for that person on the lines below. If
you	ı need more space, a	ittach a separat	te sheet to this form.					
						For D	Debtor 1	For Debtor 2 or non-filing spouse
2.			ry, and commissions onthly, calculate what		2.		\$4,516.76	
3.	Estimate and list I	monthly overti	me pay.		3.	+	\$0.00	
4.	Calculate gross in	ncome. Add lir	ne 2 + line 3.		4.		\$4.516.76	

Official Form 106l Schedule I: Your Income page 1
Case 1:20-bk-02670-HWV Doc 55 Filed 02/01/23 Entered 02/01/23 09:06:38 Desc
Main Document Page 1 of 6

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

	Specify:	. 11.	+	\$0.00
2.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information.	12.		\$2,812.10

13. Do you expect an increase or decrease within the year after you file this form?

\checkmark	No.	None.
	Yes. Explain:	

if it applies.

Desc

\$0.00

Combined

monthly income

5h.	Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
•	State	\$136.13	
	Local	\$88.70	
	LST	\$4.33	
	Tax adjustments	\$46.59	
		Totals: \$275.75	

-III in this info	ormation to ident	ny your case:		С	heck if this	s is:	
Debtor 1	Subetrice First Name	Ternice Middle Name	Samuel Last Name	<u> </u>	. .	An amended filing	
Debtor 2		33.0 . 141110	2001110	-		lement showing r 13 expenses a	
(Spouse, if filing)	First Name	Middle Name	Last Name			ng date:	
United States Ba	ankruptcy Court for the	e: MIDDLE DIST. (OF PENNSYI	_VANIA	MM / D	DD / YYYY	_
Case number (if known)	1:20-bk-02670)		_			
fficial Form	106J			_			
chedule J:	Your Expense	es					12/1
rrect information	n. If more space is n		er sheet to this	together, both are ed form. On the top of			
Part 1: Des	cribe Your Hous	ehold					
Is this a joint of	case?						
	es Debtor 2 live in a s No	separate household?		or Separate Household	of Debtor	2.	
Do you have d	lependents?	No	_				
Do not list Deb Debtor 2.	tor 1 and	Yes. Fill out this inf for each dependent	omation r	Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does depende live with you?
Do not state the names.	e dependents'		- - -				Yes No Yes No Yes No Yes No Yes No No No No
	nses include eople other than rour dependents?	✓ No ☐ Yes	-				Yes
Part 2: Esti	mate Your Ongo	ing Monthly Exp	enses				
report expenses	-		-	using this form as a s ipplemental Schedule		•	
		sh government assis n Schedule I: Your Ir	•			Your expens	es
		enses for your resid any rent for the grour				4.	\$300.00
If not included	l in line 4:						
4a. Real estat	te taxes					4a	\$200.00
		ula ta anna an				4b.	
4b. Property,	homeowner's, or rente	er's insurance				TD	
	nomeowner's, or rente intenance, repair, and					4c	\$100.0

	Your expenses		
5. Additional mortgage payments for your residence, such as home equity loans	5.		
6. Utilities:	J		
6a. Electricity, heat, natural gas	6a. 9	ະລວລ ຄຄ	
6b. Water, sewer, garbage collection	6b.	\$65.00 \$65.00	
	6c.		
 Telephone, cell phone, Internet, satellite, and cable services 	<u> </u>	\$35.00	
6d. Other. Specify: Land line	6d	\$27.00	
'. Food and housekeeping supplies	7.	<u>550.00</u>	
3. Childcare and children's education costs	8		
D. Clothing, laundry, and dry cleaning	9.	\$50.00	
0. Personal care products and services	10.	100.00	
1. Medical and dental expenses	11.	100.00	
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	140.00	
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$25.00	
14. Charitable contributions and religious donations	14.		
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a		
15b. Health insurance	15b		
15c. Vehicle insurance	15c \$	140.00	
15d. Other insurance. Specify:	15d.		
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.		
7. Installment or lease payments:			
17a. Car payments for Vehicle 1 2011 Ford Flex (see plan)	17a.		
17b. Car payments for Vehicle 2	17b.		
17c. Other. Specify:			
17d. Other. Specify:			
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			
Other payments you make to support others who do not live with you. Specify:	19.		

Deb	otor 1	Subetrice Ternice Samuel	Case number (if known)	1:20-bk-02670	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c		
	20d.	Maintenance, repair, and upkeep expenses	20d		
	20e.	Homeowner's association or condominium dues	20e		
21.	Other	r. Specify:	21. +		
22.	Calcu	ulate your monthly expenses.	_		
	22a.	Add lines 4 through 21.	22a	\$2,115.00	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	_	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,115.00	
23. Calculate your monthly net income.		ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,812.10	
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$2,115.00	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$697.10	
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?		
		For example, do you expect to finish paying for your car loan within the year or do you expect your monograph to increase or decrease because of a modification to the terms of your mortgage?			
	1	No			
		Yes. Explain here:			
		None.			

Page 6 of 6

Main Document